

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J27941

FILED
Apr 08, 2004
Secretary of State

Entity Name: SILKMASTERS, INC.

Current Principal Place of Business:

4405 S.W. 35TH TERRACE
SUITE 1
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

4405 S.W. 35TH TERRACE
SUITE 1
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 59-2705625 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONAMIE, SHIRLEY ANN
1911 SW 80TH DR.
GAINESVILLE, FL 32607

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BONAMIE, SHIRLEY ANN,
Address: 1911 SW 80TH DR.
City-St-Zip: GAINESVILLE, FL

Title: STD () Delete
Name: BONAMIE, JULIE K.,
Address: 2010 SW WACAHOOTA RD
City-St-Zip: MICANOPY, FL 32667

Title: VD () Delete
Name: BONAMIE, CLIFFORD D.,
Address: 2010 SW WACAHOOTA RD
City-St-Zip: MICANOPY, FL 32667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: BONAMIE, SHIRLEY ANN,
Address: 1911 SW 80TH DR.
City-St-Zip: GAINESVILLE, FL 32607 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BONAMIE, CLIFFORD D.,
Address: 2010 SW WACAHOOTA RD
City-St-Zip: MICANOPY, FL 32667

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE BONAMIE

STD

04/08/2004

Electronic Signature of Signing Officer or Director

_____ Date